MONTANA [district #]JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF: CAUSE NO. [cause #]

[name of youth], ORDER FOR COST-OF-CARE CONTRIBUTION

By Order dated [DATE], the Court has placed the above-named youth in substitute care, a youth assessment center, or detention requiring payment by any state or local government agency, or has committed said youth to the Department of Corrections/ Youth Court.

Pursuant to the Youth Court Act, the Court has determined the financial ability of the parents or guardians of the youth to pay a contribution covering all or part of the costs for the adjudication, disposition, attorney fees for the cost of prosecuting or defending the youth, the costs of detention, supervision, care, custody and treatment of the youth, including the costs of necessary medical, dental, and other health care, as specified below.

IT IS HEREBY ORDERED:

## **COST-OF-CARE CONTRIBUTION**

[PARENT NAME(S)], the youth's [FATHER/MOTHER], shall not be required to pay a contribution for the care, custody, and treatment in accordance with the Uniform Child Support Guidelines.

## **ASSIGNMENT OF SUPPORT**

In the matter of [insert youth name]
Order for Cost-of-Care Contribution

Cause No.

Any monies currently due and payable to the custodial parent for the benefit of the youth pursuant to a court order or settlement agreement are hereby assigned to the State of Montana for the duration of the youth's placement or until the expiration of payments in accordance with said order or agreement, whichever comes first.

## **INCOME WITHOLDING**

N/A

## **EXEMPTION FROM DUTY OF SUPPORT**

Good cause exists to exempt [PARENT NAME(S)], the youth's [FATHER/MOTHER], from the duty to contribute toward the cost of care under the Youth Court Act. The Child Support contribution calculated under the Montana Child Support Guidelines is negligible and indicates the [FATHER/MOTHER] does not have the ability to make a contribution.

If you object to, or desire a hearing in regard to, this Order of Support and your resulting obligation, you must request such a hearing within 10 days of the date of service of this order.

DATED THIS [date] DAY OF [month], 20[year].

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[Judge's Name] YOUTH COURT JUDGE

cc: Public Defender

Parent/Guardian [insert address]

**RAO** 

In the matter of [insert youth name]
Order for Cost-of-Care Contribution

Cause No.